

## REVIEW COMMITTEE - CONVULSIVE TREATMENT

(For Involuntary Patients and Persons Under Guardianship or Conservatorship)

We, the undersigned physicians, have reviewed the treatment record of

\_\_\_\_\_, which included the psychiatric history and  
(patient)

examination by \_\_\_\_\_, M.D., and specific statements  
(treating physician)

by \_\_\_\_\_ M.D., indicating the reasons for  
(treating physician)

the choice of this treatment procedure, that all reasonable treatment modalities have been carefully considered, that convulsive treatment is definitely indicated and is the least drastic alternative available for this patient at this time.

Based on a personal examination of the patient by \_\_\_\_\_, M.D.  
(consulting physician)

and our review of the patient's treatment record, we agree with the opinion and recommendation of \_\_\_\_\_, M.D., that  
(treating physician)

convulsive treatment is the treatment of choice for the welfare of this patient.

\_\_\_\_\_, M.D.  
(date) (consulting physician - appointed by facility)

\_\_\_\_\_, M.D.  
(date) (consulting physician - appointed by  
local Mental Health Director)